MEDICINE.

Acute Anæmic Dropsy.

In November, 1878, Dr. CLARENC observed several cases of a peculiar form of anasarca, preceded by vomiting and purging, in the Mauritius. This disease, acute anæmic dropsy, has now become epidemic. The symptoms were anasarca of the lower extremities, often extending to the upper extremities and trunk, seldom to the face, and only in the worst cases complicated with ascites, hydropericardium, and hydrothorax. The dropsy was preceded by diarrhœa or vomiting, or both; with deep-seated pains in the limbs, epigastrium, or abdomen, and was accompanied with slight fever, and in most cases by a rubeolar skin eruption, disappearing under pressure, sometimes ending in petechiæ or phlyctenæ, and desquamation. The disease, sudden in its commencement, followed a chronic course, often lasting from three to six weeks, the tendency to œdema of the feet persisting after the patient felt otherwise well. The patients, generally Indians, were very anæmic, the blood watery, with marked diminution of the red blood corpuscles, and increase of leucocytes and granules. The dropsical swelling disappeared or greatly diminished during the night and increased by day, these alterations being due to position and repose. The dropsy was not only the most obtrusive, but also the most persistent symptom of the disease, and often remained after the patient was able to resume work. When permanent œdema had disappeared, a slight swelling of the feet frequently occurred after a hard day's work or a long walk. The diarrhœa, which, with vomiting, formed one of the premonitory symptoms of the disease, was naturally very severe, the motions being very frequent, and generally yellow, green, or white. It was not obstinate, however, and subsided spontaneously in a few days. The vomiting occurred in about three-quarters of the cases, and was accompanied with slight nausea, and some epigastric distress or pain. The rash generally appeared about a week after the œdema, and continued for about ten or twelve days. On the trunk, thighs, and arms, it was of a measly character, but below the knees resembled erythema. The temperature was generally about 37.2 to 37.4° Cent. in the morning, rising to 37.6 or 37.8° in the evening. The blood, in addition to being poor in red corpuscles, contained irregular masses of germinal matter, and vast numbers of minute, highly refracting granules. The lymphatic glands were not enlarged, and little complaint was made of pain in the spleen. The dropsy characteristic of this affection was evidently the result of the accompanying anæmia. The anæmia is probably due to the action of a poison which affected first the sympathetic system, as shown by the vomiting and purging, before which the patient as a rule exhibited no signs of cachexia. Whether the morbid cause acted directly upon the blood glands is not clear.

This disease resembles "béri-béri" in the dropsy, and acute anæmia which are common to both, but they differ in several respects. Béri-béri is frequently fatal, and was attended with obstinate constipation and distressing dyspnœa, and very commonly by paralysis, but it is not preceded by vomiting and diarrhœa, it is not accompanied by fever, nor does it present a skin eruption. In all these cases it differs from the anæmic dropsy of the Mauritius, which is consequently to be regarded as a distinct disease.—*Practitioner*, Nov. 1880, from *Government Report of Acute Anæmic Dropsy*, Mauritius, 1880.

Tuberculosis.

In a discussion on tuberculosis in the Vienna Medical Society (*Mediz. Jahrb.*, 1880, Heft iii.), Professor BILLROTH reported that of 713 cases of tumour albus occurring during a sixteen years' observation, 181, *i. e.*, 25.3 per cent., had died with the diagnosis of phthisis; 15, *i. e.*, 2.1 per cent. with miliary tuberculosis of the meninges. In these cases there was not generally pus, but concealed cheesy centres in the bones, and these he believed to result from miliary tubercles (as shown in early resections), and to be the origin of the general disease. Dr. Billroth holds that the theory of the parasitic nature of tuberculosis is not to be cast aside because the investigation of the parasitic element is a matter of great difficulty. While asserting that of hereditary tuberculosis, in the same sense as hereditary syphilis, nothing is known, he says that the parasitic hypothesis must suppose a special predisposition to tuberculosis in certain individuals, and he agrees with Niemeyer's expressed opinion that the scrofulous diathesis predisposes to tuberculosis.—*London Med. Record*, Nov. 15, 1880.

Typhoid Fever as a Disease caused by Organisms.

Professor KLEBS (*Archiv für Experim. Pathologie*, vol. xii., parts 2 and 3), has constantly found organisms in typhoid fever in the form of rods and unsegmented threads, as long as 80 micrometres, and having a breadth of 5 to 6 micrometres. The tissue beneath the typhoid ulcer is found to be full of these bacilli. In very recent cases they are found in the interior of Lieberkuhn's follicles; at a later period they pass into the tissue between these glands. In one case, of ten days' standing, in which cerebral symptoms were specially marked, these bacilli were found in spaces in the pia mater. Klebs believes that the local symptoms are in proportion to the number of bacilli present.—*London Med. Record*, Nov. 15, 1880.

New Theory as to the Pathological Changes in the Blood in Acute Rheumatism.

At a late meeting of the Cambridge Medical Society, Professor LATHAM advanced a new theory as to the pathology of acute rheumatism. He maintained that the first step was a lowering of the action of the "inhibitory chemical centre," or nervous centre, which controls oxidation in the muscular tissue. Following upon this, the oxygen from the oxyhæmoglobin, instead of entering the muscular tissue to be exhaled therefrom in the form of carbonic acid gas, had its sojourn in the tissue shortened, and passed into the blood in the form of lactic acid (a substance which appears in muscle almost instantaneously with its death); that the oxygen acted also more energetically on the muscular tissue, and the resulting lactic acid being oxidized rapidly in the blood, instead of the muscular tissue, an abnormal amount of heat or pyrexia was developed.

He then argued that quinia lowered temperature by simply impeding the carrying of ozone from the lungs to the tissues by the red blood-corpuscles, as in Binz's experiments with ozonized turpentine and guaiacum; and so the remedy *might* act beneficially in rheumatism, but would have no effect on the *materies morbi*. Salicylic acid, on the other hand, lowered the temperature and cured the disease by chemically combining with the substances from which the lactic acid is derived, and producing less heat than would result from the oxidation of that substance. He showed how the theory advanced explained the relapses which so often recur after apparent cure with salicylic acid, the necessity for large doses of the remedy, and the reason why it should be less curative in other pyrexial disorders, such as pneumonia, typhoid fever, etc. Referring to locomotor ataxy as an example, he suggested that possibly the local symptoms might be the result of the lactic acid acting upon the posterior columns of the spinal cord, producing functional change; and, in reply to a question in the discussion afterwards as to the connection between rheumatism and chorea, considered that this disorder was the